

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Securian, Inc PAC

ADDRESS (number and street)

400 Robert Street North

Check if different  
than previously  
reported. (ACC)

St Paul

MN

55101

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00120006

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☒ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
07 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
09 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Regal, John, , Mr.,

Type or Print Name of Treasurer

Signature of Treasurer

Regal, John, , Mr.,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
10 13 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Securian, Inc PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 07 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y  
 09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		46718.44
(b) Cash on Hand at Beginning of Reporting Period.....	42088.44	
(c) Total Receipts (from Line 19) .....	7765.00	22835.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	49853.44	69553.44
7. Total Disbursements (from Line 31) .....	12500.00	32200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	37353.44	37353.44
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**Securian, Inc PAC**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
07	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

7245.00

18459.00

(ii) Unitemized .....

520.00

4376.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

7765.00

22835.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

7765.00

22835.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

7765.00

22835.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

7765.00

22835.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	32200.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12500.00	32200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12500.00	32200.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7765.00	22835.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7765.00	22835.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 18

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Securian, Inc PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ayers, Rick, L, ,**

Mailing Address 400 Robert Street N

City  
St. Paul

State  
MN

Zip Code  
55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Securian Financial Group

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : SA11AI.6618**

Amount of Each Receipt this Period

90.00

☐ Memo Item

monthly payroll deduction \$30.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bentley, Eric, J, ,**

Mailing Address 400 Robert Street N

City  
St. Paul

State  
MN

Zip Code  
55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Securian Financial Group

Occupation (for Individual)  
Second VP - Law

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : SA11AI.6620**

Amount of Each Receipt this Period

150.00

☐ Memo Item

monthly payroll deduction \$50.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Berlute, Peter, , ,**

Mailing Address 400 Robert Street N

City  
St. Paul

State  
MN

Zip Code  
55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Securian Financial Group

Occupation (for Individual)  
2nd Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : SA11AI.6621**

Amount of Each Receipt this Period

75.00

☐ Memo Item

monthly payroll deduction \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

315.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Securian, Inc PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Christensen, Gary, , ,

Mailing Address 400 Robert Street North

City  
St PaulState  
MNZip Code  
55101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Minnesota Life Insurance CoOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.6624

Amount of Each Receipt this Period

450.00

☐ Memo Item  
monthly payroll deduction \$150.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cochrane, Laurence, G, ,

Mailing Address 400 Robert Street North

City  
St. PaulState  
MNZip Code  
55101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Securian Financial GroupOccupation (for Individual)  
VP - Retail Products

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.6625

Amount of Each Receipt this Period

249.00

☐ Memo Item  
monthly payroll deduction \$83.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Connolly, George, , ,

Mailing Address 400 Robert Street North

City  
St PaulState  
MNZip Code  
55101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Minnesota Life Insurance CoOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.6626

Amount of Each Receipt this Period

300.00

☐ Memo Item  
monthly payroll deduction \$100 (7/1/2015)

SUBTOTAL of Receipts This Page (optional).....▶

999.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Securian, Inc PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Czarnetzki, Lynda, S, ,**

Mailing Address 400 Robert Street N

City  
St. Paul

State  
MN

Zip Code  
55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Securian Financial Group

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

**Transaction ID : SA11AI.6627**

Amount of Each Receipt this Period

120.00

☐ Memo Item  
monthly payroll deduction \$40.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ebertz, Sue, , ,**

Mailing Address 400 Robert Street North

City  
St Paul

State  
MN

Zip Code  
55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Minnesota Life Insurance Co

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

**Transaction ID : SA11AI.6628**

Amount of Each Receipt this Period

225.00

☐ Memo Item  
monthly payroll deduction \$75.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ehren, Robert, , ,**

Mailing Address 400 Robert Street N

City  
St. Paul

State  
MN

Zip Code  
55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Minnesota Life Insurance Co

Occupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

**Transaction ID : SA11AI.6629**

Amount of Each Receipt this Period

450.00

☐ Memo Item  
monthly payroll deduction \$150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

795.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Securian, Inc PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fox, Kristi, L, ,**

Mailing Address 400 Robert Street N

City  
St. Paul

State  
MN

Zip Code  
55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Securian Financial Group

Occupation (for Individual)  
Second VP - Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

Transaction ID : SA11AI.6631

Amount of Each Receipt this Period

90.00

☐ Memo Item  
monthly payroll deduction \$30.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fox, Perry, M, ,**

Mailing Address 400 Robert Street N

City  
St. Paul

State  
MN

Zip Code  
55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Securian Financial Group

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

Transaction ID : SA11AI.6632

Amount of Each Receipt this Period

90.00

☐ Memo Item  
monthly payroll deduction \$30.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Frantzen, Ryan, J, ,**

Mailing Address 400 Robert Street North

City  
St Paul

State  
MN

Zip Code  
55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Securian Financial Group

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

Transaction ID : SA11AI.6633

Amount of Each Receipt this Period

300.00

☐ Memo Item  
monthly payroll deduction \$100

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

480.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Securian, Inc PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Frisvold, Craig, , ,

Mailing Address 400 Robert Street North

City  
St PaulState  
MNZip Code  
55101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Minnesota Life Insurance CoOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.6634

Amount of Each Receipt this Period

300.00

☐ Memo Item  
monthly payroll deduction \$100.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Garthofner, Becky, J, ,

Mailing Address 400 Robert Street N

City  
St. PaulState  
MNZip Code  
55101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Securian Financial GroupOccupation (for Individual)  
AVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.6635

Amount of Each Receipt this Period

150.00

☐ Memo Item  
monthly payroll deduction \$50.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gould, William, M, ,

Mailing Address 400 Robert Street North

City  
St. PaulState  
MNZip Code  
55101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Securian Financial GroupOccupation (for Individual)  
2nd - Individual

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.6636

Amount of Each Receipt this Period

300.00

☐ Memo Item  
monthly payroll deduction \$100.00

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Securian, Inc PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hammerly, Greg, , ,

Mailing Address 400 Robert Street North

City  
St PaulState  
MNZip Code  
55101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Minnesota Life Insurance CoOccupation (for Individual)  
Second Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.6637

Amount of Each Receipt this Period

90.00

☐ Memo Item  
monthly payroll deduction \$30.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Huovinen, Suzette, L, ,

Mailing Address 400 Robert Street N

City  
St. PaulState  
MNZip Code  
55101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Securian Financial GroupOccupation (for Individual)  
AVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.6639

Amount of Each Receipt this Period

75.00

☐ Memo Item  
monthly payroll deduction \$25.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kruse, Daniel, H, ,

Mailing Address 400 Robert Street North

City  
St. PaulState  
MNZip Code  
55101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Securian Financial GroupOccupation (for Individual)  
VP - Retirement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.6640

Amount of Each Receipt this Period

150.00

☐ Memo Item  
monthly payroll deduction \$50.00

SUBTOTAL of Receipts This Page (optional).....▶

315.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Securian, Inc PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LePlavy, Dave, , ,

Mailing Address 400 Robert Street North

City  
St PaulState  
MNZip Code  
55101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Minnesota Life Insurance CompanyOccupation (for Individual)  
Second Vice President & Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.6641

Amount of Each Receipt this Period

450.00

☐ Memo Item  
monthly payroll deduction \$150.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Martins, Anthony, J, ,

Mailing Address 400 Robert Street North

City  
St. PaulState  
MNZip Code  
55101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Securian Financial GroupOccupation (for Individual)  
VP - Wealth Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.6642

Amount of Each Receipt this Period

300.00

☐ Memo Item  
monthly payroll deduction \$100.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Munson-Regala, Susan, M, ,

Mailing Address 400 Robert Street N

City  
St. PaulState  
MNZip Code  
55101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Securian Financial GroupOccupation (for Individual)  
AVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.6644

Amount of Each Receipt this Period

90.00

☐ Memo Item  
monthly payroll deduction \$30.00

SUBTOTAL of Receipts This Page (optional).....▶

840.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Securian, Inc PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nistler, Ted, J, ,

Mailing Address 400 Robert Street N

City

St. Paul

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Securian Financial Group

Occupation (for Individual)

Second VP - Tax

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2016

Transaction ID : SA11AI.6646

Amount of Each Receipt this Period

90.00

☐ Memo Item

monthly payroll deduction \$30.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. O'Phelan, Maria, H, ,

Mailing Address 400 Robert Street N

City

St. Paul

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Securian Financial Group

Occupation (for Individual)

Second VP - Group

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2016

Transaction ID : SA11AI.6647

Amount of Each Receipt this Period

75.00

☐ Memo Item

monthly payroll deduction \$25.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pinkett, Kathy, , ,

Mailing Address 400 Robert Street North

City

St Paul

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Minnesota Life Insurance Co

Occupation (for Individual)

Vice President

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2016

Transaction ID : SA11AI.6649

Amount of Each Receipt this Period

450.00

☐ Memo Item

monthly payroll deduction \$150.00

SUBTOTAL of Receipts This Page (optional).....▶

615.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Securian, Inc PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Roth, Benjamin, D, ,

Mailing Address 400 Robert Street N

City

St. Paul

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Securian Financial Group

Occupation (for Individual)

Director

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.6651

Amount of Each Receipt this Period

90.00

☐

Memo Item

monthly payroll deduction \$30.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Seidel, David, A, ,

Mailing Address 400 Robert Street N

City

St. Paul

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Securian Financial Group

Occupation (for Individual)

Vice President

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.6653

Amount of Each Receipt this Period

225.00

☐

Memo Item

monthly payroll deduction \$75.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shay, Bruce, , ,

Mailing Address 400 Robert Street North

City

St Paul

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Minnesota Life Insurance Co

Occupation (for Individual)

Executive Vice President

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.6654

Amount of Each Receipt this Period

750.00

☐

Memo Item

monthly payroll deduction \$250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1065.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Securian, Inc PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sievers, Mark, W, ,**

Mailing Address 400 Robert Street N

City  
St. Paul

State  
MN

Zip Code  
55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Securian Financial Group

Occupation (for Individual)  
Second VP - Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.6655

Amount of Each Receipt this Period

126.00

☐ Memo Item

monthly payroll deduction \$42.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Mary Anne, , ,**

Mailing Address 400 Robert Street North

City  
St Paul

State  
MN

Zip Code  
55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Minnesota Life Insurance Co

Occupation (for Individual)  
Second Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.6656

Amount of Each Receipt this Period

75.00

☐ Memo Item

monthly payroll deduction \$25.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thor, Stephen, , ,**

Mailing Address 400 Robert Street North

City  
St. Paul

State  
MN

Zip Code  
55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Securian Financial Group

Occupation (for Individual)  
2nd Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.6657

Amount of Each Receipt this Period

120.00

☐ Memo Item

monthly payroll deduction \$40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

321.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Securian, Inc PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zaccaro, Warren, , ,

Mailing Address 400 Robert Street North

City

St. Paul

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Minnesota Life Insurance Co

Occupation (for Individual)

Executive Vice President

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2016

Transaction ID : SA11AI.6659

Amount of Each Receipt this Period

750.00

☐ Memo Item

monthly payroll deduction \$250

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

7245.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Securian, Inc PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN FINANCIAL SERVICES ASSOCIATION PAC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	6		

Mailing Address 919 18TH STREET, NW  
SUITE 300City  
WASHINGTONState  
DCZip Code  
20006Purpose of Disbursement  
Year to date aggregate \$5,000.00

Candidate Name

**AMERICAN FINANCIAL SERVICES ASSOCIATION PAC**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C** C00038604**Transaction ID : SB23.6666**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF ERIK PAULSEN**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	6		

Mailing Address P.O. BOX 44369  
250 PRAIRIE CENTER DRIVECity  
EDEN PRAIRIEState  
MNZip Code  
55344Purpose of Disbursement  
Contribution

Candidate Name

**FRIENDS OF ERIK PAULSEN**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN

District: 03

FEC Identification Number

**C** C00439661**Transaction ID : SB23.6671**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF TODD YOUNG, INC.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	6		

Mailing Address PO BOX 1053

City  
BLOOMINGTONState  
INZip Code  
47402Purpose of Disbursement  
Contribution

Candidate Name

**FRIENDS OF TODD YOUNG, INC.**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN

District: 00

FEC Identification Number

**C** C00459255**Transaction ID : SB23.6670**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Securian, Inc PAC**

Full Name (Last, First, Middle Initial)

**A. HRCC**

Mailing Address 161 St. Anthony Avenue #950

City  
St. PaulState  
MNZip Code  
55103

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2016

FEC Identification Number

**C****Transaction ID : SB23.6668**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KLOBUCHAR FOR MINNESOTA**

Mailing Address PO BOX 4146

City  
ST PAULState  
MNZip Code  
55104

Purpose of Disbursement

Candidate Name

**KLOBUCHAR FOR MINNESOTA**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	11	/	2016

FEC Identification Number

**C** C00431353**Transaction ID : SB23.6667**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Senate DFL Caucus**

Mailing Address PO Box 65337

City  
St. PaulState  
MNZip Code  
55165

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2016

FEC Identification Number

**C****Transaction ID : SB23.6669**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5000.00

**TOTAL** This Period (last page this line number only)..... ►

12500.00